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| **NHS GGC Community Pharmacy** | | | |
| **Alcohol and Drug Recovery Service (ADRS) Contact Form** | |  |  |
|  | | | |
| Date |  | | |
| Pharmacy Name |  | | |
| Pharmacy Address |  | | |
| Telephone |  | | |
| Staff name |  | | |
| **Patient Details** | | | |
| Patient Name |  | | |
| CHI |  | | |
| **ADRS Team** |  | | |
| **ADRS Medications** | | | |
| Medication |  | | |

|  |  |
| --- | --- |
| **Query Details** | |
| Urgency |  |
| Prescription Start Date |  |
| Prescription End Date |  |
| Last Collection Date |  |
| No. of missed doses? |  |
| Query Details (complete brief summary below) | |
|  | |

**This form is not a substitute for telephone communication. The pharmacy clinical mailbox must be used to email communication.**